

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/868009	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/		
2	/	/	/	/		
3	/	/	/	/		
4	/	/	/	/		
5	/	/	/	/		
6	5	1				
7	0	5				
8	0	1				
9	0	1				
10	0	1				
11	0	1				
12	0	1				
13	/	2				
14	0	1				
15	0	1				
16	/	1				
17	/	2				
18	2	2				
19	1	2				
20	0	2				
21	0	1				
22	1		1			
23	1		1			
24	1		2			
25	2		2			
26	2	1				
27	1		1			
28	1		1			
29	0		1			
30	0		1			
31	0		1			
32	1		1			
33						
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46						
47						
48						
49						
50						
TOTAL IND.	4	1	5	1		
TOTAL DEP.	35	1	38	1		
TOTAL CLAIMS	39	1	43	1		

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
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TOTAL CLAIMS								